CCR&R/CAC – FY 16 – ATTACHMENT M ADDENDUM
FFN First Aid and CPR Reimbursement Application

*Funding May Be Limited and Is Available On A First Come First Served Basis

Providers Name: _____

Provider's Address: Street Number_____

City_____ County _____ Zip Code _____

Provider's SSN# or Tax ID#: _____

Provider's Phone Number: _____   Application Date _____/_____/_____

Application requirements, please check all that you have completed:

☐ I'm submitting this application to my local Care About Childcare agency (CAC) no later than **June 1st, 2016**.

☐ I've completed a Red Cross, American Heart, or equivalent First Aid course. I've included a **copy** of my current First Aid certification with this application. *Retain your original certificate, submit copies only.*

☐ I've completed a Red Cross, American Heart, or equivalent Infant and Child CPR course with hands-on testing. I've included a **copy** of my current Infant and Child CPR certification with this application. *Retain your original certificate, submit copies only.*

☐ I've included a **copy** of my receipts for the First Aid and CPR courses that I've completed. *Retain your original receipts, submit copies only.*

Allowable Expense	Dollar Amount on Receipt	Receipt Enclosed (Receipts *must* be enclosed or you *cannot* be reimbursed.)
A. First Aid training	$_____	_____ Yes _____ No
B. CPR training	$_____	_____ Yes _____ No
Total Amount of Reimbursement You are Requesting	$_____	*Reimbursement is for *half* of the cost of your First Aid/CPR training, up to $50 dollars. Please retain your original receipts.

I desire to become a DWS FFN approved provider. I verify that the information I have given on this application is true and correct to the best of my knowledge.

Signature: _____ Date _____/_____/_____

Please submit this reimbursement application, copies of receipts and copies of CPR & First Aid certifications no later than June 1st 2016 to your local CAC agency or FAX to 435-797-8047

Do not write below this line. For CAC use only.

Date check was issued: ____/____/_____   Check Amount: $_____   Include a copy of receipts in file.
Date information was entered into the FFN database: ___/___/____
CAC Staff Signature: _____   Date: _____

All Care About Childcare programs are funded by the Federal Child Care Development Fund, the Department of Workforce Services and the Office of Child Care.